

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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BY: [REDACTED]

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Galgiani	Cadhleen		[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ZIP CODE	OPTIONAL: E-MAIL ADDRESS		
[REDACTED]			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Legislator

Division, Board, District, if applicable:

Assembly

Your Position:

Assembly Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/25/10

Signature [REDACTED]

AMENDMENT

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

_____ \$_____

_____ § _____

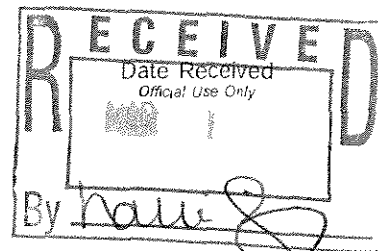
_____ § _____

_____, § _____

Signature

FPPC Form 700 Amendment (2009/2010) Sch. D
FPPC Toll-Free Helpline: 866/ASK-FPPC

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**



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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Galgiani	Cathleen	A	[REDACTED]	
MAILING ADDRESS (Business)		STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[REDACTED]		[REDACTED]	[REDACTED]	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Legislator

Division, Board, District, if applicable:

ASSEMBLY

Your Position:

Assembly Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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☐ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

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Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Rental Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Rental Income

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/23/2010
(month, day, year)

Signature

[REDACTED SIGNATURE]

Name _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Ellen Powell - Renter

ADDRESS (Business Address Acceptable)

665 S. Regent St.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Student, CA 95204

YOUR BUSINESS POSITION

Landlord

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☒ Rental income, list each source of \$10,000 or more

\$8600

☐ Other Duplicated on Schedule B
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► NAME OF SOURCE
Various Healthcare/Life Sciences Entities

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare and Life Sciences

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/28/09	\$ 216.88*	Reception/dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
Napa Valley Vintners

ADDRESS (Business Address Acceptable)
P.O. Box 141 St. Helena, CA 94574

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/3/09	\$ 12.50	Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
Karen Bass for Assembly

ADDRESS (Business Address Acceptable)
777 S. Figueroa St. Suite 4050

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LA, CA 90017

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/8/09	\$ 72.52	Endeavor Jacket
9/15/09	\$ 45.03	Breakfast
1/5/09	\$ 63.55	Flowers Bday

► NAME OF SOURCE
Wayne Ordos

ADDRESS (Business Address Acceptable)
1415 L Street Suite 410 SAC, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/31/09	\$ 56.81	Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
CA Association of Winegrape Growers

ADDRESS (Business Address Acceptable)
1325 J Street Suite 1560

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/28/09	\$ 6.61	Reception
7/15/09	\$ 129.64	Dinner
____/____/____	\$ _____	_____

► NAME OF SOURCE
California Poultry Federation

ADDRESS (Business Address Acceptable)
4640 Spyres Way, Suite 4

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Modesto, CA 95358

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/3/09	\$ 162.17	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: * Sponsored by 13 entities, all of which paid less than \$50 per person for the event costs

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

> NAME OF SOURCE CAHF		
ADDRESS 2201 K Street Sac, CA 95816		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/14/09	8.00	Calendar
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE Edison		
ADDRESS P.O. Box 8002244 Walnut Grove Ave. Rosemead, CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/17/09	16.50	Holiday Ornament
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE CA. Cattlemen's Association		
ADDRESS 1221 H Street Sac, CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/24/09	20.00	Hat
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE Citrus Mutual		
ADDRESS 512 North Kaweah Ave. Exeter, CA 93221		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/16/09	11.00	Oranges
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE Dem Caucus / Dem Party		
ADDRESS PO Box 942849 1401 21st St. Suite 200 Sac, CA 95811		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/8/09	73.27	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE Karen Bass for Assembly		
ADDRESS 7775 Figueroa St. Ste. 4050 LA, CA 90017		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/8/09	11.95	Breakfast
1/9/09	11.95	Lunch
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► NAME OF SOURCE
Various natural resource and environmental entities

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Natural resource and environmental issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/28/09	\$ 86.54*	Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
Home Depot

ADDRESS (Business Address Acceptable)
101 Constitution Ave. Suite 800 West
Wash. DC 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/6/09	\$ 37.09	Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
Pfizer

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1010 Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/28/09	\$ 16.68	Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
Bell McAndrews & Hitachi LLP

ADDRESS (Business Address Acceptable)
455 Capitol Mall Suite 801, Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/23/09	\$ 169.66	Dinner
5/13/09	\$ 10.00	Chocolate
____/____/____	\$ _____	_____

► NAME OF SOURCE
CIBA

ADDRESS (Business Address Acceptable)
1215 K St. Suite 1200, Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/15/09	\$ 93.75	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
AstraZeneca LP

ADDRESS (Business Address Acceptable)
400 Capitol Mall, Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/11/09	\$ 113.61	Food and Bev
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: 13 entities sponsored this event, each reporting a gift of \$6.65 per attendee.

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

> NAME OF SOURCE
California Cotton Ginners
and Growers Association
 ADDRESS
1785 N. Fine Ave. Fresno, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 93721

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/17/09</u>	<u>45.80</u>	<u>Cotton Towels</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE
CA State Council of Laborers
 ADDRESS
1121 L Street, Suite 502 Sac, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/17/09</u>	<u>60.05</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE
CNCDA
 ADDRESS
1415 L Street Suite 200 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/24/09</u>	<u>36.82</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE
AEA
 ADDRESS
1415 L St. Suite 1260
 BUSINESS ACTIVITY, IF ANY, OF SOURCE Sac, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/18/09</u>	<u>12.80</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE
John A. Perez 46 AD
 ADDRESS
State Capitol Sac, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/23/09</u>	<u>7.12</u>	<u>Water bottle</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE
Family Wine Makers of CA.
 ADDRESS
520 Capitol Mall Suite 260
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/16/09</u>	<u>17.40</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

► NAME OF SOURCE
Gov. of Mexico
 ADDRESS (Business Address Acceptable)
1911 Pennsylvania Ave., NW Washington D.C. 20006
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
9-

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/14/09	\$23.67	Hors d'oeuvres
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
Personal Insurance Fed
 ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1220
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Soc, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/18/09	\$102.80	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
French Republic
 ADDRESS (Business Address Acceptable)
2221 Kalorama Road, Washington D.C. 20008
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/15/09	\$65.00	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____